

270 Eligibility Request Codes and Values Mapping

Final DRAFT

#	Code or Value Set (Element Name)	Loop – Segment Element	HIPAA Code Values & Description	AHCCCS Values & Descriptions	Mapping Decision
1	Transaction Set Header/Transaction Set Identifier Code	- ST01	270 - Eligibility, Coverage or Benefit Inquiry	No Current Equivalent	270 - Eligibility, Coverage or Benefit Inquiry
2	Beginning of Hierarchical Transaction/Hierarchical Structure Code	- BHT01	0022 - Information Source, Information Receiver, Subscriber, Dependent	No Current Equivalent	0022 - Information Source, Information Receiver, Subscriber, Dependent
3	Beginning of Hierarchical Transaction/Transaction Set Purpose Code	- BHT02	01 - Cancellation 13 - Request 36 - Authority to Deduct (Reply)	No Current Equivalent	01 - Cancellation 13 - Request 36 - Authority to Deduct (Reply)
4	Beginning of Hierarchical Transaction/Transaction Type Code	- BHT06	RT - Spend Down RU - Medical Services Reservation	No Current Equivalent	RT - Spend Down RU - Medical Services Reservation
5	Information Source Level/Hierarchical Level Code	2000A - HL03	20 - Information Source	No Current Equivalent	20 - Information Source
6	Information Source Level/Hierarchical Child Code	2000A - HL04	1 - Additional Subordinate HL Data Segment in This Hierarchical Structure.	No Current Equivalent	1 - Additional Subordinate HL Data Segment in This Hierarchical Structure.
7	Information Source Name/Entity Identifier Code	2100A - NM101	2B - Third-Party Administrator 36 - Employer GP - Gateway Provider P5 - Plan Sponsor PR - Payer	No Current Equivalent	2B - Third-Party Administrator 36 - Employer GP - Gateway Provider P5 - Plan Sponsor PR - Payer
8	Information Source Name/Entity Type Qualifier	2100A - NM102	1 - Person 2 - Non-Person Entity	No Current Equivalent	1 - Person 2 - Non-Person Entity
9	Information Source Name/Identification Code Qualifier	2100A - NM108	24 - Employer's Identification Number 46 - Electronic Transmitter Identification Number (ETIN) FI - Federal Taxpayer's Identification Number NI - National Association of Insurance Commissioners (NAIC) Identification PI - Payer Identification XV - Health Care Financing Administration National Plan ID Required if the National Plan ID is mandated for use. Otherwise, one of the other listed codes may be used. XX – Health Care Financing Administration National Provider Identifier Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.	No Current Equivalent	24 - Employer's Identification Number 46 - Electronic Transmitter Identification Number (ETIN) FI - Federal Taxpayer's Identification Number NI - National Association of Insurance Commissioners (NAIC) Identification PI - Payer Identification XV - Health Care Financing Administration National Plan ID Required if the National Plan ID is mandated for use. Otherwise, one of the other listed codes may be used. XX – Health Care Financing Administration National Provider Identifier Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.

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10	Information Receiver Level/Hierarchical Level Code	2000B - HL03	21 - Information Receiver	No Current Equivalent	21 - Information Receiver
11	Information Receiver Level/Hierarchical Child Code	2000B - HL04	1 - Additional Subordinate HL Data Segment in This Hierarchical Structure.	No Current Equivalent	1 - Additional Subordinate HL Data Segment in This Hierarchical Structure.
12	Information Receiver Name/Entity Identifier Code	2100B - NM101	Please refer to page 52 of IG for additional note on the use of these codes: 1P - Provider 2B - Third-Party Administrator 36 - Employer 80 - Hospital FA - Facility GP - Gateway Provider P5 - Plan Sponsor PR - Payer	No Current Equivalent	Please refer to page 52 of IG for additional note on the use of these codes: 1P - Provider 2B - Third-Party Administrator 36 - Employer 80 - Hospital FA - Facility GP - Gateway Provider P5 - Plan Sponsor PR - Payer
13	Information Receiver Name/Entity Type Qualifier	2100B - NM102	1 - Person 2 - Non-Person Entity	No Current Equivalent	1 - Person 2 - Non-Person Entity
14	Information Receiver Name/Identification Code Qualifier	2100B - NM108	24 - Employer's Identification Number 34 - Social Security Number FI - Federal Taxpayer's Identification Number PI - Payer Identification PP - Pharmacy Processor Number SV - Service Provider Number XV – Health Care Financing Administration National PlanID Required if the National PlanID is mandated for use. Otherwise, one of the other listed codes may be used. Code Source 540: Health Care Financing Administration National PlanID XX - Health Care Financing Administration National Provider Identifier. Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.	No Current Equivalent	24 - Employer's Identification Number 34 - Social Security Number FI - Federal Taxpayer's Identification Number PI - Payer Identification PP - Pharmacy Processor Number SV - Service Provider Number XV – Health Care Financing Administration National PlanID Required if the National PlanID is mandated for use. Otherwise, one of the other listed codes may be used. Code Source 540: Health Care Financing Administration National PlanID XX - Health Care Financing Administration National Provider Identifier. Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.

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15	Information Receiver Additional Identification/Reference Identification Qualifier	2100B - REF01	0B - State License Number 1C - Medicare Provider Number 1D - Medicaid Provider Number 1J - Facility ID Number 4A - Personal Identification Number (PIN) CT - Contract Number EL - Electronic device pin number EO - Submitter Identification Number HPI - Health Care Financing Administration National Provider Identifier JD - User Identification N5 - Provider Plan Network Identification Number N7 - Facility Network Identification Number Q4 - Prior Identifier Number SY - Social Security Number TJ - Federal Taxpayer's Identification Number	No Current Equivalent	0B - State License Number 1C - Medicare Provider Number 1D - Medicaid Provider Number 1J - Facility ID Number 4A - Personal Identification Number (PIN) CT - Contract Number EL - Electronic device pin number EO - Submitter Identification Number HPI - Health Care Financing Administration National Provider Identifier JD - User Identification N5 - Provider Plan Network Identification Number N7 - Facility Network Identification Number Q4 - Prior Identifier Number SY - Social Security Number TJ - Federal Taxpayer's Identification Number
16	Information Receiver Contact Information/Contact Function Code	2100B - PER01	IC - Information Contact	No Current Equivalent	IC - Information Contact
17	Information Receiver Contact Information/Communication Number Qualifier	2100B - PER03	ED - Electronic Data Interchange Access Number EM - Electronic Mail FX - Facsimile TE - Telephone	No Current Equivalent	ED - Electronic Data Interchange Access Number EM - Electronic Mail FX - Facsimile TE - Telephone
18	Information Receiver Contact Information/Communication Number Qualifier	2100B - PER05	ED - Electronic Data Interchange Access Number EM - Electronic Mail EX - Telephone Extension FX - Facsimile TE - Telephone	No Current Equivalent	ED - Electronic Data Interchange Access Number EM - Electronic Mail EX - Telephone Extension FX - Facsimile TE - Telephone
19	Information Receiver Contact Information/Communication Number Qualifier	2100B - PER07	ED - Electronic Data Interchange Access Number EM - Electronic Mail EX - Telephone Extension FX - Facsimile TE - Telephone	No Current Equivalent	ED - Electronic Data Interchange Access Number EM - Electronic Mail EX - Telephone Extension FX - Facsimile TE - Telephone

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20	Information Receiver Provider Information/Provider Code	2100B - PRV01	AD - Admitting AT - Attending BI - Billing CO - Consulting CV - Covering H - Hospital HH - Home Health Care LA - Laboratory OT - Other Physician P1 - Pharmacist P2 - Pharmacy PC - Primary Care Physician PE - Performing R - Rural Health Clinic RF - Referring SB - Submitting SK - Skilled Nursing Facility SU - Supervising	No Current Equivalent	AD - Admitting AT - Attending BI - Billing CO - Consulting CV - Covering H - Hospital HH - Home Health Care LA - Laboratory OT - Other Physician P1 - Pharmacist P2 - Pharmacy PC - Primary Care Physician PE - Performing R - Rural Health Clinic RF - Referring SB - Submitting SK - Skilled Nursing Facility SU - Supervising
21	Information Receiver Provider Information/Reference Identification Qualifier	2100B - PRV02	ZZ - Mutually Defined	No Current Equivalent	ZZ - Mutually Defined
22	Subscriber Level/Hierarchical Level Code	2000C - HL03	22 - Subscriber	No Current Equivalent	22 - Subscriber
23	Subscriber Level/Hierarchical Child Code	2000C - HL04	0 - No Subordinate HL Segment in This Hierarchical Structure. 1 - Additional Subordinate HL Data Segment in This Hierarchical Structure.	No Current Equivalent	0 - No Subordinate HL Segment in This Hierarchical Structure. 1 - Additional Subordinate HL Data Segment in This Hierarchical Structure.
24	Subscriber Trace Number/Trace Type Code	2000C - TRN01	1 - Current Transaction Trace Numbers	No Current Equivalent	1 - Current Transaction Trace Numbers
25	Subscriber Name/Entity Identifier Code	2100C - NM101	IL - Insured or Subscriber	No Current Equivalent	IL - Insured or Subscriber
26	Subscriber Name/Entity Type Qualifier	2100C - NM102	1 - Person	No Current Equivalent	1 - Person
27	Subscriber Name/Identification Code Qualifier	2100C - NM108	MI - Member Identification Number ZZ - Mutually Defined	No Current Equivalent	MI - Member Identification Number ZZ - Mutually Defined

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28	Subscriber Additional Identification/Reference Identification Qualifier	2100C - REF01	18 - Plan Number 1L - Group or Policy Number 1W - Member Identification Number 49 - Family Unit Number 6P - Group Number A6 - Employee Identification Number CT - Contract Number This code is to be used only to identify the provider's contract number of the provider identified in the PRV segment of Loop 2100C. This code is only to be used once the HCFA National Provider Identifier has been mandated for use, and must be sent if required in the contract between the Information Receiver identified in Loop 2100B and the Information Source identified in Loop 2100A EA - Medical Record Identification Number EJ - Patient Account Number F6 - Health Insurance Claim (HIC) Number GH - Identification Card Serial Number HJ - Identity Card Number IG - Insurance Policy Number N6 - Plan Network Identification Number NQ - Medicaid Recipient Identification Number SY - Social Security Number	No Current Equivalent	18 - Plan Number 1L - Group or Policy Number 1W - Member Identification Number 49 - Family Unit Number 6P - Group Number A6 - Employee Identification Number CT - Contract Number EA - Medical Record Identification Number EJ - Patient Account Number F6 - Health Insurance Claim (HIC) Number GH - Identification Card Serial Number HJ - Identity Card Number IG - Insurance Policy Number N6 - Plan Network Identification Number NQ - Medicaid Recipient Identification Number SY - Social Security Number

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#	Code or Value Set (Element Name)	Loop – Segment Element	HIPAA Code Values & Description	AHCCCS Values & Descriptions	Mapping Decision
29	Provider Information/Provider Code	2100C - PRV01	AD - Admitting AT - Attending BI - Billing CO - Consulting CV - Covering H - Hospital HH - Home Health Care LA - Laboratory OT - Other Physician P1 - Pharmacist P2 - Pharmacy PC - Primary Care Physician PE - Performing R - Rural Health Clinic RF - Referring SB - Submitting SK - Skilled Nursing Facility SU - Supervising	No Current Equivalent	AD - Admitting AT - Attending BI - Billing CO - Consulting CV - Covering H - Hospital HH - Home Health Care LA - Laboratory OT - Other Physician P1 - Pharmacist P2 - Pharmacy PC - Primary Care Physician PE - Performing R - Rural Health Clinic RF - Referring SB - Submitting SK - Skilled Nursing Facility SU - Supervising
30	Provider Information/Reference Identification Qualifier	2100C - PRV02	9K - Servicer D3 - National Association of Boards of Pharmacy Number EI - Employer's Identification Number HPI - Health Care Financing Administration National Provider Identifier SY - Social Security Number TJ - Federal Taxpayer's Identification Number ZZ - Mutually Defined	No Current Equivalent	9K - Servicer D3 - National Association of Boards of Pharmacy Number EI - Employer's Identification Number HPI - Health Care Financing Administration National Provider Identifier SY - Social Security Number TJ - Federal Taxpayer's Identification Number ZZ - Mutually Defined
31	Subscriber Demographic Information/Date Time Period Format Qualifier	2100C - DMG01	D8 - Date Expressed in Format CCYYMMDD	No Current Equivalent	D8 - Date Expressed in Format CCYYMMDD
32	Subscriber Demographic Information/Subscriber Gender Code	2100C - DMG03	F - Female M - Male	F Female M Male	F Female M Male
33	Subscriber Relationship/Insured Indicator	2100C - INS01	Y - Yes	No Current Equivalent	Y - Yes
34	Subscriber Relationship/Individual Relationship Code	2100C - INS02	18 - Self	No Current Equivalent	18 - Self

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#	Code or Value Set (Element Name)	Loop – Segment Element	HIPAA Code Values & Description	AHCCCS Values & Descriptions	Mapping Decision
35	Subscriber Date/Date Time Qualifier	2100C - DTP01	102 - Issue 307 - Eligibility 435 - Admission 472 - Service	No Current Equivalent	102 - Issue 307 - Eligibility 435 - Admission 472 - Service
36	Subscriber Date/Date Time Period Format Qualifier	2100C - DTP02	D8 - Date Expressed in Format CCYYMMDD RD8 - Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	No Current Equivalent	D8 - Date Expressed in Format CCYYMMDD RD8 - Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
37	Subscriber Eligibility or Benefit Inquiry Information/Service Type Code	2110C - EQ01	1 - Medical Care 2 - Surgical 3 - Consultation 4 - Diagnostic X-Ray 5 - Diagnostic Lab 6 - Radiation Therapy 7 - Anesthesia 8 - Surgical Assistance 9 - Other Medical 10 - Blood Charges 11 - Used Durable Medical Equipment 12 - Durable Medical Equipment Purchase 13 - Ambulatory Service Center Facility 14 - Renal Supplies in the Home 15 - Alternate Method Dialysis 16 - Chronic Renal Disease (CRD) Equipment 17 - Pre-Admission Testing 18 - Durable Medical Equipment Rental 19 - Pneumonia Vaccine 20 - Second Surgical Opinion 21 - Third Surgical Opinion 22 - Social Work 23 - Diagnostic Dental 24 - Periodontics 25 - Restorative 26 - Endodontics 27 - Maxillofacial Prosthetics 28 - Adjunctive Dental Services	No Current Equivalent	1 - Medical Care 2 - Surgical 3 - Consultation 4 - Diagnostic X-Ray 5 - Diagnostic Lab 6 - Radiation Therapy 7 - Anesthesia 8 - Surgical Assistance 9 - Other Medical 10 - Blood Charges 11 - Used Durable Medical Equipment 12 - Durable Medical Equipment Purchase 13 - Ambulatory Service Center Facility 14 - Renal Supplies in the Home 15 - Alternate Method Dialysis 16 - Chronic Renal Disease (CRD) Equipment 17 - Pre-Admission Testing 18 - Durable Medical Equipment Rental 19 - Pneumonia Vaccine 20 - Second Surgical Opinion 21 - Third Surgical Opinion 22 - Social Work 23 - Diagnostic Dental 24 - Periodontics 25 - Restorative 26 - Endodontics 27 - Maxillofacial Prosthetics 28 - Adjunctive Dental Services

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38	Subscriber Eligibility or Benefit Inquiry Information/Service Type Code	2110C - EQ01	Continue EQ01 code values: 30 - Health Benefit Plan Coverage 32 - Plan Waiting Period 33 - Chiropractic 34 - Chiropractic Office Visits 35 - Dental Care 36 - Dental Crowns 37 - Dental Accident 38 - Orthodontics 1 – Prosthodontics 40 - Oral Surgery 41 - Routine (Preventive) Dental 42 - Home Health Care 43 - Home Health Prescriptions 44 - Home Health Visits 45 - Hospice 46 - Respite Care 47 - Hospital 48 - Hospital - Inpatient 49 - Hospital - Room and Board 50 - Hospital - Outpatient 51 - Hospital - Emergency Accident 52 - Hospital - Emergency Medical 53 - Hospital - Ambulatory Surgical 54 - Long Term Care 55 - Major Medical 56 - Medically Related Transportation	No Current Equivalent	Continue EQ01 code values: 30 - Health Benefit Plan Coverage 32 - Plan Waiting Period 33 - Chiropractic 34 - Chiropractic Office Visits 35 - Dental Care 36 - Dental Crowns 37 - Dental Accident 38 - Orthodontics 1 – Prosthodontics 40 - Oral Surgery 41 - Routine (Preventive) Dental 42 - Home Health Care 43 - Home Health Prescriptions 44 - Home Health Visits 45 - Hospice 46 - Respite Care 47 - Hospital 48 - Hospital - Inpatient 49 - Hospital - Room and Board 50 - Hospital - Outpatient 51 - Hospital - Emergency Accident 52 - Hospital - Emergency Medical 53 - Hospital - Ambulatory Surgical 54 - Long Term Care 55 - Major Medical 56 - Medically Related Transportation

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39	Subscriber Eligibility or Benefit Inquiry Information/Service Type Code	2110C - EQ01	Continue EQ01 code values: 57 - Air Transportation 58 - Cab lance 59 - Licensed Ambulance 60 - General Benefits 61 - In-vitro Fertilization 62 - MRI/CAT Scan 63 - Donor Procedures 64 - Acupuncture 65 - Newborn Care 66 - Pathology 67 - Smoking Cessation 68 - Well Baby Care 69 – Maternity 70 - Transplants 71 - Audiology Exam 72 - Inhalation Therapy 73 - Diagnostic Medical 74 - Private Duty Nursing 75 - Prosthetic Device 76 - Dialysis 77 - Otological Exam 78 - Chemotherapy 79 - Allergy Testing 80 - Immunizations 81 - Routine Physical 82 - Family Planning	No Current Equivalent	Continue EQ01 code values: 57 - Air Transportation 58 - Cab lance 59 - Licensed Ambulance 60 - General Benefits 61 - In-vitro Fertilization 62 - MRI/CAT Scan 63 - Donor Procedures 64 - Acupuncture 65 - Newborn Care 66 - Pathology 67 - Smoking Cessation 68 - Well Baby Care 69 – Maternity 70 - Transplants 71 - Audiology Exam 72 - Inhalation Therapy 73 - Diagnostic Medical 74 - Private Duty Nursing 75 - Prosthetic Device 76 - Dialysis 77 - Otological Exam 78 - Chemotherapy 79 - Allergy Testing 80 - Immunizations 81 - Routine Physical 82 - Family Planning

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40	Subscriber Eligibility or Benefit Inquiry Information/Service Type Code	2110C - EQ01	Continue EQ01 code values: 83 - Infertility 84 - Abortion 85 - AIDS 86 - Emergency Services 87 - Cancer 88 - Pharmacy 89 - Free Standing Prescription Drug 90 - Mail Order Prescription Drug 91 - Brand Name Prescription Drug 92 - Generic Prescription Drug 93 - Podiatry 94 - Podiatry - Office Visits 95 - Podiatry - Nursing Home Visits 96 - Professional (Physician) 97 - Anesthesiologist 98 - Professional (Physician) Visit - Office 99 - Professional (Physician) Visit – Inpatient A0 - Professional (Physician) Visit - Outpatient A1 - Professional (Physician) Visit - Nursing Home A2 - Professional (Physician) Visit - Skilled Nursing Facility A3 - Professional (Physician) Visit - Home A4 - Psychiatric A5 - Psychiatric - Room and Board A6 - Psychotherapy A7 - Psychiatric - Inpatient	No Current Equivalent	Continue EQ01 code values: 83 - Infertility 84 - Abortion 85 - AIDS 86 - Emergency Services 87 - Cancer 88 - Pharmacy 89 - Free Standing Prescription Drug 90 - Mail Order Prescription Drug 91 - Brand Name Prescription Drug 92 - Generic Prescription Drug 93 - Podiatry 94 - Podiatry - Office Visits 95 - Podiatry - Nursing Home Visits 96 - Professional (Physician) 97 - Anesthesiologist 98 - Professional (Physician) Visit - Office 99 - Professional (Physician) Visit – Inpatient A0 - Professional (Physician) Visit - Outpatient A1 - Professional (Physician) Visit - Nursing Home A2 - Professional (Physician) Visit - Skilled Nursing Facility A3 - Professional (Physician) Visit - Home A4 - Psychiatric A5 - Psychiatric - Room and Board A6 - Psychotherapy A7 - Psychiatric - Inpatient

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41	Subscriber Eligibility or Benefit Inquiry Information/Service Type Code	2110C - EQ01	Continue EQ01 code values: A8 - Psychiatric - Outpatient A9 - Rehabilitation AA - Rehabilitation - Room and Board AB - Rehabilitation - Inpatient AC - Rehabilitation - Outpatient AD - Occupational Therapy AE - Physical Medicine AF - Speech Therapy AG - Skilled Nursing Care AH - Skilled Nursing Care - Room and Board AI - Substance Abuse AJ - Alcoholism AK - Drug Addiction AL - Vision (Optometry) AM - Frames AN - Routine Exam AO - Lenses AQ - Nonmedically Necessary Physical AR - Experimental Drug Therapy BA - Independent Medical Evaluation BB - Partial Hospitalization (Psychiatric) BC - Day Care (Psychiatric) BD - Cognitive Therapy BE - Massage Therapy BF - Pulmonary Rehabilitation BG - Cardiac Rehabilitation	No Current Equivalent	Continue EQ01 code values: A8 - Psychiatric - Outpatient A9 - Rehabilitation AA - Rehabilitation - Room and Board AB - Rehabilitation - Inpatient AC - Rehabilitation - Outpatient AD - Occupational Therapy AE - Physical Medicine AF - Speech Therapy AG - Skilled Nursing Care AH - Skilled Nursing Care - Room and Board AI - Substance Abuse AJ - Alcoholism AK - Drug Addiction AL - Vision (Optometry) AM - Frames AN - Routine Exam AO - Lenses AQ - Nonmedically Necessary Physical AR - Experimental Drug Therapy BA - Independent Medical Evaluation BB - Partial Hospitalization (Psychiatric) BC - Day Care (Psychiatric) BD - Cognitive Therapy BE - Massage Therapy BF - Pulmonary Rehabilitation BG - Cardiac Rehabilitation

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#	Code or Value Set (Element Name)	Loop – Segment Element	HIPAA Code Values & Description	AHCCCS Values & Descriptions	Mapping Decision
42	Subscriber Eligibility or Benefit Inquiry Information/Service Type Code	2110C - EQ01	Continue EQ01 code values: BH - Pediatric BI - Nursery BJ - Skin BK - Orthopedic BL - Cardiac BM - Lymphatic BN - Gastrointestinal BP - Endocrine BQ - Neurology BR - Eye BS - Invasive Procedures	No Current Equivalent	Continue EQ01 code values: BH - Pediatric BI - Nursery BJ - Skin BK - Orthopedic BL - Cardiac BM - Lymphatic BN - Gastrointestinal BP - Endocrine BQ - Neurology BR - Eye BS - Invasive Procedures
43	Subscriber Eligibility or Benefit Inquiry Information/Product or Service ID Qualifier	2110C - EQ02 - 01	AD - American Dental Association Codes CJ - Current Procedural Terminology (CPT) Codes HC - Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes ID - International Classification of Diseases Clinical Modification (ICD-9-CM) - Procedure IV – Home Infusion EDI Coalition (HIEC) Product/Service Code N4 – National Drug Code in 5-4-2 Format Code Source 240: National Drug Code by Format ZZ – Mutually Defined NOT ADVISED Used this code only for local codes or interim uses until an appropriate new code is approved.	No Current Equivalent	AD - American Dental Association Codes CJ - Current Procedural Terminology (CPT) Codes HC - Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes ID - International Classification of Diseases Clinical Modification (ICD-9-CM) - Procedure IV – Home Infusion EDI Coalition (HIEC) Product/Service Code N4 – National Drug Code in 5-4-2 Format Code Source 240: National Drug Code by Format ZZ – Mutually Defined NOT ADVISED Used this code only for local codes or interim uses until an appropriate new code is approved.

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44	Subscriber Eligibility or Benefit Inquiry Information/Benefit Coverage Level Code	2110C - EQ03	CHD - Children Only DEP - Dependents Only ECH - Employee and Children EMP - Employee Only ESP - Employee and Spouse FAM - Family IND - Individual SPC - Spouse and Children SPO - Spouse Only	No Current Equivalent	CHD - Children Only DEP - Dependents Only ECH - Employee and Children EMP - Employee Only ESP - Employee and Spouse FAM - Family IND - Individual SPC - Spouse and Children SPO - Spouse Only
45	Subscriber Eligibility or Benefit Inquiry Information/Insurance Type Code	2110C - EQ04	AP - Auto Insurance Policy C1 - Commercial CO - Consolidated Omnibus Budget Reconciliation Act (COBRA) GP - Group Policy HM - Health Maintenance Organization (HMO) HN - Health Maintenance Organization (HMO) - Medicare Risk IP - Individual Policy MA - Medicare Part A MB - Medicare Part B MC - Medicaid PR - Preferred Provider Organization (PPO) PS - Point of Service (POS) SP - Supplemental Policy WC - Workers Compensation	No Current Equivalent	AP - Auto Insurance Policy C1 - Commercial CO - Consolidated Omnibus Budget Reconciliation Act (COBRA) GP - Group Policy HM - Health Maintenance Organization (HMO) HN - Health Maintenance Organization (HMO) - Medicare Risk IP - Individual Policy MA - Medicare Part A MB - Medicare Part B MC - Medicaid PR - Preferred Provider Organization (PPO) PS - Point of Service (POS) SP - Supplemental Policy WC - Workers Compensation
46	Subscriber Spend Down Amount/Amount Qualifier Code	2110C - AMT01	R - Spend Down	No Current Equivalent	R - Spend Down
47	Subscriber Eligibility or Benefit Additional Inquiry Information/Code List Qualifier Code	2110C - III01	BF - Diagnosis BK - Principal Diagnosis ZZ - Mutually Defined	No Current Equivalent	BF - Diagnosis BK - Principal Diagnosis ZZ - Mutually Defined

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48	Subscriber Eligibility or Benefit Additional Inquiry Information/Industry Code	2110C - III02	<p>If III01 is either BK or BF, use this element for diagnosis code from code source 131. If III01 is ZZ, use this element for codes identifying a Place of Service from code source 237.</p> <p>Please refer to page 103 of IG for detail note of these codes:</p> <p>11 - Office 12 - Home 21 - Inpatient Hospital 22 - Outpatient Hospital 23 - Emergency Room - Hospital 24 - Ambulatory Surgical Center 25 - Birthing Center 26 - Military Treatment Facility 31 - Skilled Nursing Facility 32 - Nursing Facility 33 - Custodial Care Facility 34 - Hospice 41 - Ambulance - Land 42 - Ambulance - Air or Water 50 - Federally Qualified Health Center 51 - Inpatient Psychiatric Facility 52 - Psychiatric Facility Partial Hospitalization 53 - Community Mental Health Center 54 - Intermediate Care Facility/Mentally Retarded 55 - Residential Substance Abuse Treatment Facility 56 - Psychiatric Residential Treatment Center 60 - Mass Immunization Center 61 - Comprehensive Inpatient Rehabilitation Facility 62 - Comprehensive Outpatient Rehabilitation Facility 65 - End-Stage Renal Disease Treatment Facility 71 - State or Local Public Health Clinic 72 - Rural Health Clinic 81 - Independent Laboratory 99 - Other Unlisted Facility</p>	<p>From 837 Professional Codes and Values Mapping document:</p> <p>11 Office 12 Home 21 Inpatient Hospital 22 Outpatient Hospital 23 Emergency Room - Hospital 24 Ambulatory Surgical Center 25 Birthing Center 26 Military Treatment Facility 31 Skilled Nursing Facility 32 Nursing Facility 33 Custodial Care Facility 34 Hospice 35 Adult Care Facility 41 Ambulance - Land 42 Ambulance - Air or Water 50 Federally Qualified Health Center 51 Inpatient Psychiatric Facility 52 Psychiatric Facility Partial Hospitalization 53 Community Mental Health Center 54 Intermediate Care Facility/Mentally Retarded 55 Residential Substance Abuse Treatment Facility 56 Psychiatric Residential Treatment Center 60 Mass Immunization Center 61 Comprehensive Inpatient Rehabilitation Facility 62 Comprehensive Outpatient Rehabilitation Facility 65 End Stage Renal Disease Treatment Facility 71 State or Local Public Health Clinic 72 Rural Health Clinic 81 Independent Laboratory 99 Other Unlisted Facility</p>	<p>All AHCCCS values match HIPAA values except for the following AHCCCS values:</p> <p>35 Adult Care Facility</p>

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49	Subscriber Additional Information/Reference Identification Qualifier	2110C - REF01	9F - Referral Number G1 - Prior Authorization Number	No Current Equivalent	9F - Referral Number G1 - Prior Authorization Number
50	Subscriber Eligibility/Benefit Date/Date Time Qualifier	2110C - DTP01	307 - Eligibility 435 - Admission 472 - Service	No Current Equivalent	307 - Eligibility 435 - Admission 472 - Service
51	Subscriber Eligibility/Benefit Date/Date Time Period Format Qualifier	2110C - DTP02	D8 - Date Expressed in Format CCYYMMDD RD8 - Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	No Current Equivalent	D8 - Date Expressed in Format CCYYMMDD RD8 - Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
52	Dependent Level/Hierarchical Level Code	2000D - HL03	23 - Dependent	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
53	Dependent Level/Hierarchical Child Code	2000D - HL04	0 - No Subordinate HL Segment in This Hierarchical Structure.	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
54	Dependent Trace Number/Trace Type Code	2000D - TRN01	1 - Current Transaction Trace Numbers	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
55	Dependent Name/Entity Identifier Code	2100D - NM101	03 - Dependent	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
56	Dependent Name/Entity Type Qualifier	2100D - NM102	1 - Person	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
57	Dependent Additional Identification/Reference Identification Qualifier	2100D - REF01	18 - Plan Number 1L - Group or Policy Number 6P - Group Number A6 - Employee Identification Number CT - Contract Number EA - Medical Record Identification Number EJ - Patient Account Number F6 - Health Insurance Claim (HIC) Number GH - Identification Card Serial Number HJ - Identity Card Number IF - Issue Number IG - Insurance Policy Number N6 - Plan Network Identification Number SY - Social Security Number	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.

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58	Provider Information/Provider Code	2100D - PRV01	AD - Admitting AT - Attending BI - Billing CO - Consulting CV - Covering H - Hospital HH - Home Health Care LA - Laboratory OT - Other Physician P1 - Pharmacist P2 - Pharmacy PC - Primary Care Physician PE - Performing R - Rural Health Clinic RF - Referring SB - Submitting SK - Skilled Nursing Facility SU - Supervising	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
59	Provider Information/Reference Identification Qualifier	2100D - PRV02	9K – Servicer D3 - National Association of Boards of Pharmacy Number EI - Employer's Identification Number HPI - Health Care Financing Administration National Provider Identifier Required value when identifying a specific provider when the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be Used. SY - Social Security Number TJ - Federal Taxpayer's Identification Number ZZ - Mutually Defined\	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
60	Dependent Demographic Information/Date Time Period Format Qualifier	2100D - DMG01	D8 - Date Expressed in Format CCYYMMDD	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
61	Dependent Demographic Information/Dependent Gender Code	2100D - DMG03	F - Female M - Male	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.

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#	Code or Value Set (Element Name)	Loop – Segment Element	HIPAA Code Values & Description	AHCCCS Values & Descriptions	Mapping Decision
62	Dependent Relationship/Insured Indicator	2100D - INS01	N - No	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
63	Dependent Relationship/Individual Relationship Code	2100D - INS02	01 - Spouse 19 - Child 34 - Other Adult	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
64	Dependent Date/Date Time Qualifier	2100D - DTP01	102 - Issue 307 - Eligibility 435 - Admission 472 - Service	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
65	Dependent Date/Date Time Period Format Qualifier	2100D - DTP02	D8 - Date Expressed in Format CCYYMMDD RD8 - Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.

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Final DRAFT

#	Code or Value Set (Element Name)	Loop – Segment Element	HIPAA Code Values & Description	AHCCCS Values & Descriptions	Mapping Decision
66	Dependent Eligibility or Benefit Inquiry Information/Service Type Code	2110D - EQ01	1 - Medical Care 2 – Surgical 3 – Consultation 4 - Diagnostic X-Ray 5 - Diagnostic Lab 6 - Radiation Therapy 7 – Anesthesia 8 - Surgical Assistance 9 - Other Medical 10 - Blood Charges 11 - Used Durable Medical Equipment 12 - Durable Medical Equipment Purchase 13 - Ambulatory Service Center Facility 14 - Renal Supplies in the Home 15 - Alternate Method Dialysis 16 - Chronic Renal Disease (CRD) Equipment 17 - Pre-Admission Testing 18 - Durable Medical Equipment Rental 19 - Pneumonia Vaccine 20 - Second Surgical Opinion 21 - Third Surgical Opinion 22 - Social Work 23 - Diagnostic Dental 24 - Periodontics 25 - Restorative 26 - Endodontics 27 - Maxillofacial Prosthetics 28 - Adjunctive Dental Services	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.

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Final DRAFT

#	Code or Value Set (Element Name)	Loop – Segment Element	HIPAA Code Values & Description	AHCCCS Values & Descriptions	Mapping Decision
67	Dependent Eligibility or Benefit Inquiry Information/Service Type Code	2110D - EQ01	Continue EQ01 code values: 30 - Health Benefit Plan Coverage 32 - Plan Waiting Period 33 - Chiropractic 34 - Chiropractic Office Visits 35 - Dental Care 36 - Dental Crowns 37 - Dental Accident 38 - Orthodontics 39 – Prosthodontics 40 - Oral Surgery 41 - Routine (Preventive) Dental 42 - Home Health Care 43 - Home Health Prescriptions 44 - Home Health Visits 45 - Hospice 46 - Respite Care 47 - Hospital 48 - Hospital - Inpatient 49 - Hospital - Room and Board 50 - Hospital - Outpatient 51 - Hospital - Emergency Accident 52 - Hospital - Emergency Medical 53 - Hospital - Ambulatory Surgical 54 - Long Term Care 55 - Major Medical 56 - Medically Related Transportation 57 - Air Transportation 58 - Cab lance 59 - Licensed Ambulance	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.

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Final DRAFT

#	Code or Value Set (Element Name)	Loop – Segment Element	HIPAA Code Values & Description	AHCCCS Values & Descriptions	Mapping Decision
68	Dependent Eligibility or Benefit Inquiry Information/Service Type Code	2110D - EQ01	Continue EQ01 code values: 60 - General Benefits 61 - In-vitro Fertilization 62 - MRI/CAT Scan 63 - Donor Procedures 64 - Acupuncture 65 - Newborn Care 66 - Pathology 67 - Smoking Cessation 68 - Well Baby Care 69 - Maternity 70 - Transplants 71 - Audiology Exam 72 - Inhalation Therapy 73 - Diagnostic Medical 74 - Private Duty Nursing 75 - Prosthetic Device 76 - Dialysis 77 - Otological Exam 78 - Chemotherapy 79 - Allergy Testing 80 - Immunizations 81 - Routine Physical 82 - Family Planning 83 - Infertility 84 - Abortion 85 - AIDS 86 - Emergency Services 87 - Cancer 88 - Pharmacy 89 - Free Standing Prescription Drug	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.

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Final DRAFT

#	Code or Value Set (Element Name)	Loop – Segment Element	HIPAA Code Values & Description	AHCCCS Values & Descriptions	Mapping Decision
69	Dependent Eligibility or Benefit Inquiry Information/Service Type Code	2110D - EQ01	Continue EQ01 code values: 90 - Mail Order Prescription Drug 91 - Brand Name Prescription Drug 92 - Generic Prescription Drug 93 - Podiatry 94 - Podiatry - Office Visits 95 - Podiatry - Nursing Home Visits 96 - Professional (Physician) 97 - Anesthesiologist 98 - Professional (Physician) Visit - Office 99 - Professional (Physician) Visit - Inpatient A0 - Professional (Physician) Visit - Outpatient A1 - Professional (Physician) Visit - Nursing Home A2 - Professional (Physician) Visit - Skilled Nursing Facility A3 - Professional (Physician) Visit - Home A4 - Psychiatric A5 - Psychiatric - Room and Board A6 - Psychotherapy A7 - Psychiatric - Inpatient A8 - Psychiatric - Outpatient A9 - Rehabilitation AA - Rehabilitation - Room and Board AB - Rehabilitation - Inpatient AC - Rehabilitation - Outpatient AD - Occupational Therapy AE - Physical Medicine AF - Speech Therapy AG - Skilled Nursing Care	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.

270 Eligibility Request Codes and Values Mapping

Final DRAFT

#	Code or Value Set (Element Name)	Loop – Segment Element	HIPAA Code Values & Description	AHCCCS Values & Descriptions	Mapping Decision
70	Dependent Eligibility or Benefit Inquiry Information/Service Type Code	2110D - EQ01	Continue EQ01 code values: AH - Skilled Nursing Care - Room and Board AI - Substance Abuse AJ - Alcoholism AK - Drug Addiction AL - Vision (Optometry) AM - Frames AN - Routine Exam AO - Lenses AQ - Nonmedically Necessary Physical AR - Experimental Drug Therapy BA - Independent Medical Evaluation BB - Partial Hospitalization (Psychiatric) BC - Day Care (Psychiatric) BD - Cognitive Therapy BE - Massage Therapy BF - Pulmonary Rehabilitation BG - Cardiac Rehabilitation BH - Pediatric BI - Nursery BJ - Skin BK - Orthopedic BL - Cardiac BM - Lymphatic BN - Gastrointestinal BP - Endocrine BQ - Neurology BR - Eye BS - Invasive Procedures	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.

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#	Code or Value Set (Element Name)	Loop – Segment Element	HIPAA Code Values & Description	AHCCCS Values & Descriptions	Mapping Decision
71	Dependent Eligibility or Benefit Inquiry Information/Product or Service ID Qualifier	2110D - EQ02 - 01	AD - American Dental Association Codes CJ - Current Procedural Terminology (CPT) Codes HC - Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes ID - International Classification of Diseases Clinical Modification (ICD-9-CM) - Procedure IV - Home Infusion EDI Coalition (HIEC) Product/Service Code N4 – National Drug Code in 5-4-2 Format Code Source 240: National Drug Code by Format ZZ – Mutually Defined NOT ADVISED Used this code only for local codes or interim uses until an appropriate new code is approved.	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
72	Dependent Eligibility or Benefit Inquiry Information/Benefit Coverage Level Code	2110D - EQ03	CHD - Children Only DEP - Dependents Only ECH - Employee and Children EMP - Employee Only ESP - Employee and Spouse FAM - Family IND - Individual SPC - Spouse and Children SPO - Spouse Only	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.

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#	Code or Value Set (Element Name)	Loop – Segment Element	HIPAA Code Values & Description	AHCCCS Values & Descriptions	Mapping Decision
73	Dependent Eligibility or Benefit Inquiry Information/Insurance Type Code	2110D - EQ04	AP - Auto Insurance Policy C1 - Commercial CO - Consolidated Omnibus Budget Reconciliation Act (COBRA) GP - Group Policy HM - Health Maintenance Organization (HMO) IP - Individual Policy OT - Other PR - Preferred Provider Organization (PPO) PS - Point of Service (POS) SP - Supplemental Policy WC - Workers Compensation	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
74	Dependent Eligibility or Benefit Additional Inquiry Information/Code List Qualifier Code	2110D - III01	BF - Diagnosis BK - Principal Diagnosis ZZ - Mutually Defined	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.

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#	Code or Value Set (Element Name)	Loop – Segment Element	HIPAA Code Values & Description	AHCCCS Values & Descriptions	Mapping Decision
75	Dependent Eligibility or Benefit Additional Inquiry Information/Industry Code	2110D - II02	<p>If III01 is either BK or BF, use this element for diagnosis code from code source 131.</p> <p>If III01 is ZZ, use this element for codes identifying a Place of Service from code source 237.</p> <p>Please refer to page 103 of IG for detail note of these codes:</p> <ul style="list-style-type: none"> 11 - Office 12 - Home 21 - Inpatient Hospital 22 - Outpatient Hospital 23 - Emergency Room - Hospital 24 - Ambulatory Surgical Center 25 - Birthing Center 26 - Military Treatment Facility 31 - Skilled Nursing Facility 32 - Nursing Facility 33 - Custodial Care Facility 34 - Hospice 41 - Ambulance - Land 42 - Ambulance - Air or Water 50 - Federally Qualified Health Center 51 - Inpatient Psychiatric Facility 52 - Psychiatric Facility Partial Hospitalization 53 - Community Mental Health Center 54 - Intermediate Care Facility/Mentally Retarded 55 - Residential Substance Abuse Treatment Facility 56 - Psychiatric Residential Treatment Center 60 - Mass Immunization Center 61 - Comprehensive Inpatient Rehabilitation Facility 62 - Comprehensive Outpatient Rehabilitation Facility 65 - End-Stage Renal Disease Treatment Facility 71 - State or Local Public Health Clinic 72 - Rural Health Clinic 81 - Independent Laboratory 99 - Other Unlisted Facility 	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.

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#	Code or Value Set (Element Name)	Loop – Segment Element	HIPAA Code Values & Description	AHCCCS Values & Descriptions	Mapping Decision
76	Dependent Additional Information/Reference Identification Qualifier	2110D - REF01	9F - Referral Number G1 - Prior Authorization Number	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
77	Dependent Eligibility/Benefit Date/Date Time Qualifier	2110D - DTP01	307 - Eligibility 435 - Admission 472 - Service	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
78	Dependent Eligibility/Benefit Date/Date Time Period Format Qualifier	2110D - DTP02	D8 - Date Expressed in Format CCYYMMDD RD8 - Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD	AHCCCS will not use Dependent loop.	AHCCCS will not use Dependent loop.
79	Transaction Set Trailer/Transaction Segment Count	- SE01		No Current Equivalent	
80	Transaction Set Trailer/Transaction Set Control Number	- SE02		No Current Equivalent	